

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
City or town Perry Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs. 6 mos. 14 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution? Since Sept. 10, 1943

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Delaware County Kent
City or town Dover
(If outside city or town limits, write RURAL and give nearest town)
Street No. 231 North West St.
(If rural, give LOCATION)
WW-I
2. (a) If veteran, name war

3. (a) FULL NAME

ABROMS, George Jr.

3. (b) Social Security Number

222-14-4901

4. Sex male 5. Color or race negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1891
8. AGE: Years 57 Months 2 Days 21 If less than one day hrs. min.

9. Birthplace Milford, Del.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown - deceased
13. Birthplace Unknown

MOTHER 14. Maiden name Unknown - deceased
15. Birthplace Unknown

16. Informant Hospital records
Address VA Hospital, Perry Point, Md.

17. Removal Date thereof June 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lakeview Cemetery
Dover, Delaware
Location

18. Funeral director Pennington & Son
Address Harre de Grace, Md.

19. June 29 19 48 Irene E. Dougherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 19 48, at 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 13, 19 44, to June 27, 19 48
and that I last saw him alive on June 27, 19 48

Immediate cause of death Cerebral hemorrhage DURATION 1 week

Due to Arteriosclerosis, cerebral Unknown

Due to

Other conditions Syphilis, tertiary Unknown

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide none Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) none
Means of injury --- Injured at work?

23. SIGNATURE A.E. Trollinger M.D. or other
A.E. TROLLINGER, M.D., Chief, Professional
Address Perry Point, Delaware Date signed 6-28-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1371

6095

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Upperco
 (If outside city or town limits, write RURAL and give nearest town)

Street No. --
 (If rural, give LOCATION)

2.(a) If veteran, name war WW-I

3. (a) FULL NAME

ALBAN, Harvey M.

3. (b) Social Security Number

Unknown

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife --6.(c) If alive, give age -- years7. Birth date of deceased (mo., day, yr.) Mar. 31, 1894

8. AGE: Years 54 Months 2 Days 6 If less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Unknown11. Industry or business --12. Name William Alban13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Hospital Records

Address

17. June 10, 1948 Interment Burial
 (Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Maryland

18. Funeral director Pennington & Son
 Address Bayre de Grace, Md.

19. June 6 1948 Irene E. Haugherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1948 at 9:57 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 27, 1948 to June 7, 1948
 and that I last saw him alive on June 7, 1948

Immediate cause of death Uremia, uremic poisoning

DURATION

UnknownDue to Pylonephritis and pyelocystitisUnknown

Other conditions Hydro-ureters and Pyo-
 ureters; Chronic prostatitis;
 Hypostatic pneumonia

UnknownMajor findings of operations --Date of op. --Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of --

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --Means of injury -- Injured at work? --

23. SIGNATURE A. E. Trolling
A. E. TROLLINGER, M.D. Chief, Professional Svcs. M. D. or other
 Address VA Hospital, Perry Point, Md. Date signed 6-8-48

RECEIVED

JUN 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Elkton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or direct address where death occurred:

Union Hospital
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Cecil

City or town..... Charlestown
 (If outside city or town limits, write RURAL and give nearest town)

Street No..... Md
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Isabella Evans Barnes

3. (b) Social Security Number

4. Sex

F

5. Color or race

Wh

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Perry R Barnes

7. Birth date of deceased (mo., day, yr.)

April 21, 1862

8. AGE: Year

86

Months

Days

If less than one day

10. Birthplace

Charlestown, Md

10. Usual occupation

at home

11. Industry or business

John Nelson Black

12. Name

Charlestown, Md

13. Birthplace

Elizabeth C. Barnes

14. Maiden name

Corroway, Md

15. Birthplace

Mr. Harry Barnes

16. Informant

Charlestown, Md

17. Burial, cremation, or removal. Which?

Burial

Date thereof June 28/48

(month) (day) (year)

Cemetery or crematory

Charlestown

Location

Charlestown Md

18. Funeral director

New Pippin

Address

Elkton, Md

19. July 6 1948

(date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

26 June 1948, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1946 to June 1948

and that I last saw him alive on 26 June 1948

Immediate cause of death

Bronchopneumonia

Due to

Impacted Fracture

neck of left femur

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

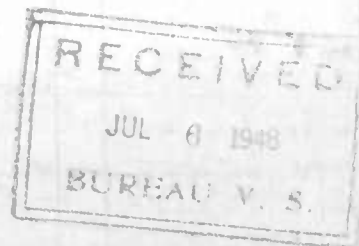
Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Port Deposit, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town Port Deposit, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Perryville, Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Edith Wilson Blackburn

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Edward C. Blackburn

7. Birth date of deceased (mo., day, yr.) January 1, 1886
 6.(c) If alive, give age..... years

8. AGE: Years 62 Months 5 Days 22 If less than one day
 hrs. min.

9. Birthplace Port Deposit, Cecil Co., Md.
 (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

12. Name Filmore Wilson
 13. Birthplace Cecil Co., Maryland

14. Maiden name Henriette Morris
 15. Birthplace Pennsylvania

18. Informant Miss Marian Blackburn
 Address Port Deposit, Maryland

17. Burial Burial Date thereof June 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West Nottingham Cemetery
 Location Colora, Maryland

18. Funeral director Lee A. Patterson & Son
 Address Perryville, Md.

19. June 26, 1948 Irene E. Daugherty
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 7¹⁵ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 4, 1948 to June 22, 1948
 and that I last saw him alive on June 22, 1948

Immediate cause of death Cerebral Hemorrhage DURATION 1/2 hr

Hypertension 8 yrs

Arterio Sclerosis - 8 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. J. Johnson M.D. M. D. or other

Address Port Deposit, Md. Date signed 6/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6098

Reg. Diat. No. 94

1. PLACE OF DEATH:

County..... Cecil
 City or town..... North East
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Just ferminules
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md. County..... Cecil
 City or town..... North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... II

3. (a) FULL NAME

Thomas F. Bowman

3. (b) Social Security Number

4. Sex..... M. 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife..... Norma F Bowman7. Birth date of deceased (mo., day, yr.)..... Oct 28 1920

8. AGE: Years..... 27 Months..... 8 Days..... - If less than one day..... hrs. min.

9. Birthplace..... Philb Penna
(Town, county, and state)10. Usual occupation..... Munition Assemblyman11. Industry or business..... U.S.A Ordnance

12. Name..... Joseph Bowman
 13. Birthplace..... Penna

14. Maiden name..... no15. Birthplace..... no record16. Informant..... Mrs Norma F BowmanAddress..... North East md17. Burial..... Burial Date thereof..... July 1 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Principis MethodistLocation..... Principis no18. Funeral director..... Jaeger R HuntAddress..... North East md19. Date rec'd by registrar..... July 6 48Registrar..... Arch E Rethermel

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 28 1948 at 2:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death..... Drowned

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident..... Accident Date of..... 6/28-48Where..... St. Yacht basin Cecil md (County) (State)Injured at home, farm, industry, public place (where?)..... North East Private StoreMeans of injury..... Drowned Injured at work?..... no

Medical Examiner

Signature..... Rafe Wolfson MD for Cecil CountyAddress..... Cecilia Sun md M. D. or otherDate signed..... 6/28-48

RECEIVED

JUL 6 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: Union Hosp
County Cecil
City or town Elkton Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Union Hosp.
How long in hospital or institution? 12-18-47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Bernard Boyd.

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Jackson Boyd.
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-7-75
8. AGE: Years 73 Months 4 Days 4 If less than one day hrs. min.

9. Birthplace Home de Grace.
(Town, county and state)
10. Usual occupation Retired Rail Road Eng.

11. Industry or business

12. Name Martin Boyd.
13. Birthplace Ireland

14. Maiden name Mary Miller
15. Birthplace Home de Grace

16. Informant Mrs Mary C Boyd
Address 137 Moffitt St. Elkton Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 14 1948
(month) (day) (year)
Cemetery or crematory Immaculate Heart Cemetery
Location Leonard Del. Co. D.C.

18. Funeral director W W Phipps
Address Elkton, Md

19. June 11 1948 JH Frager
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 10:20 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1947, to June 11 1948
and that I last saw him alive on June 10 1948

Immediate cause of death
DURATION
Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations. Carcinoma of Recto-Sigmoid.
Sigmoid. Date of op. Nov. 5 1947

Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Delbert R. Syreker, M.D.
M. D. or other
Address Elkton, Md. Date signed June 14 1948

CERTIFICATE OF DEATH

RECEIVED

JUN 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 940 6100 95

1. PLACE OF DEATH:

County Cecil
 City or town Rising Sun Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 hours
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md. County Cecil
 City or town North East P.O.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Thomas Burns

3.(b) Social Security Number

4. Sex M. 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan. 27 1884 6.(c) If alive, give age _____ years

8. AGE: Years 64 Months 5 Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Penn.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Burns13. Birthplace Penn.14. Maiden name Louise Nichols15. Birthplace Penn.16. Informant M. F. GuthrieAddress Kennett Square Pa

17. Burial Date thereof June 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory KemblesvilleLocation Kemblesville Pa18. Funeral director E. E. TysonAddress Rising Sun md.

19. June 22 48 19 Lomonthington
 (Date rec'd by registrar) (month) (day) (year) (City or town)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 48 at 1.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____
 and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

acute coronary disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. E. Dodge M.D. Medical Examiner
Rising Sun Md. Cecil County

Address _____ Date signed 6/22-48

RECEIVED
JUN 24 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

Union Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

Street No. Singlerly Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Anthony Clement Cimarose

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife Sylvia Cimarose mother

6.(c) If alive, give age 16 yrs

7. Birth date of deceased (mo., day, yr.) June 12, 1948

8. AGE: Years new born Months 11 Days 55 It less than one day hrs. min.

9. Birthplace Elkton, Maryland
(Town, county, and state)

10. Usual occupation newborn

11. Industry or business

12. Name Clement Albert Cimarose

13. Birthplace Elkton, Md.

14. Maiden name Sylvia Genevieve Petty

15. Birthplace Galax, Virginia

16. Informant Singlerly Road mother

Address Elkton, Maryland

17. Burial Date thereof June 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Catholic

Location Elkton Md.

18. Funeral director H. H. Pippardson

Address Elkton, Md.

19. June 14, 1948 H. H. Pippardson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948 at 10:48 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12, 1948 to June 13, 1948

and that I last saw him alive on June 13, 1948

Immediate cause of death Respiratory Failure

Due to prematurity

Due to (6 months)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. H. Wachman
M. D. or other

Address 202 E. Main St. Date signed 6/13/48
Elkton, Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6102

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
City or town Perry Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 yrs. 5 mos. 27 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution? Since April 1925

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Alleghany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 119 Baker Street
(If rural, give LOCATION)
2. (a) If veteran, name war WW-1 ✓

3. (a) FULL NAME

DANIELS, Harry

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife —
6. (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept. 14, 1886
8. AGE: Years 61 Months 8 Days 25 If less than one day — hrs. — min.

9. Birthplace Cumberland, Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Railroad and farm
FATHER: 12. Name Edwin Daniels - deceased
13. Birthplace Vermont
MOTHER: 14. Maiden name Mary Martin - deceased
15. Birthplace Virginia

16. Informant Hospital Records
Address VA Hospital, Perry Point, Md.
17. Burial Baltimore National Cemetery Date thereof June 14, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Baltimore, Md.
Location —
18. Funeral director PENNINGTON & SON
Address Havre de Grace, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 19 48, at 5:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw him — alive on — 19 —.

Immediate cause of death Left lobar pneumonia, lower lobe DURATION 14-16 hrs

Due to —
Due to —
Other conditions General Paralysis, cerebral
type Unknown
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE R.C. DODSON, M.D., Coroner of Cecil Co. Medical Examiner —
Address Rising Sun, Md. Date signed 6-9-48

June 14 1948 June 8 1948
(Date rec'd by registrar) Registrar E. D. DODSON

MARGIN RESERVED FOR BINDING

1

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
City or town Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 yrs. 11 mos. 29 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
How long in hospital or institution? 14 yrs. 11 mos. 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex
City or town Selbyville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____ (If rural, give LOCATION)
2. (a) If veteran, name war WW-I

3. (a) FULL NAME

DAVIS, Riley W. A.

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____ 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 1 1895

8. AGE: Years 53 Months 3 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Selbyville, Delaware
(Town, county, and state)

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER 12. Name Isaac Sturges
13. Birthplace Delaware

MOTHER 14. Maiden name Caroline Davis
15. Birthplace Selbyville, Delaware

16. Informant Hospital Records

Address VA Hospital, Perry Point, Md.

17. Removal Date thereof June 26, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Long Chapel Cemetery

Location Selbyville, Delaware

18. Funeral director Peter Whaley

Address Selbyville, Delaware

19. June 26 1948 James E. Dougherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION (EST)

20. DATE OF DEATH June 25, 1948 at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29, 1937 to June 25, 1948 and that I last saw him alive on June 25, 1948

Immediate cause of death Encephalomalacia DURATION Unknown

Due to Arteriosclerosis, cerebral Unknown

Due to _____

Due to _____

Other conditions Dementia Praecox, Hebephrenic type 11 yrs
(Include pregnancy within 8 months of death)

Major findings of operations --

Date of op. --

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. E. TROLLINGER, M.D. Chief, Professional Services, VAH, Perry Point, Md. 6/26/48
Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN. 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

126

6104

CERTIFICATE OF DEATH

Reg. Diat. No. 92

1. PLACE OF DEATH:

County Cecil
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 1/2 hours

Hospital, institution, or street address where death occurred:

Union Hospital
 How long in hospital or institution? 2 1/2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil
 City or town Colora Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Eleanor May Devine

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Joseph Devine7. Birth date of deceased (mo., day, yr.) Nov. 20. 18838. AGE: Years 64 Months 7 Days 9 If less than one day _____ hrs. _____ min.9. Birthplace Colora (Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name David Snyder13. Birthplace B.14. Maiden name Carolyn Krauss15. Birthplace Md.16. Informant Joseph DevineAddress Colora, Md. R. 3, P.17. Burial Date thereof July 2 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West NottinghamLocation near Colora, Md.18. Funeral director J. E. TysonAddress Rising Sun, Md.19. June 30 1948 J. E. Tyson

(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29. 1948 at 10:10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27. 1948 to June 29. 1948and that I last saw him/her alive on June 25. 1948

Immediate cause of death _____

ShocksDue to Operative Cholecystectomy

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations lactation & ruptured gallbladderDate of op. 6-28-48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Dockman MDAddress Rising Sun, Md. M. D. or other _____Date signed 6/30/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6105

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... Cecil
City or town..... Principio Furnace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 74 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Cecil
City or town..... Principio Furnace
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

ANNIE MARTHILLA DILL

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married
6.(b) Name of husband or wife..... Willard W. Dill
6.(c) If alive, give age..... 86 years
7. Birth date of deceased (mo., day, yr.)..... June 12, 1874
8. AGE: Years 74 Months 0 Day 4 If less than one day..... hr. min.

9. Birthplace..... Principio Furnace, Maryland
(Town, county, and state)
10. Usual occupation..... Housewife
11. Industry or business.....

FATHER 12. Name..... Elijah Jackson
13. Birthplace..... Cecil Co., Maryland
MOTHER 14. Maiden name..... Mary Ellen Carter
15. Birthplace..... Cecil Co., Maryland

18. Informant..... Willard W. Dill
Address..... Principio Furnace, Md.

17. Burial Date thereof June 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... Principio Cemetery
Location..... Principio Furnace, Maryland

18. Funeral director..... Les A. Patterson & Son
Address..... Perryville, Maryland

19. June 18, 1948 I, J. Lee E. Daugherty, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 16, 1948, at 8 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1945, to June 16, 1948, and that I last saw him alive on June 15, 1948.
Immediate cause of death..... Metastatic Carcinoma of Breast
DURATION 6 mos
Due to Inoperable Carcinoma of Breast 3 yrs
Due to Diabetes Mellitus 3 yrs
Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE..... J. F. Magraw, M. D.
Address..... Perryville, Md. Date signed 6/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

6106

94

1. PLACE OF DEATH:

County... Cecil.
City or town... Charlestown, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution or street address where death occurred...
Charlestown, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Cecil
City or town... Charlestown
(If outside city or town limits, write RURAL and give nearest town)Street No... Md.
(If rural, give LOCATION)

2.(a) If veteran, name War

3. (a) FULL NAME

Sarah May Graham

3. (b) Social Security Number

4. Sex

F.

5. Color or race

Wh

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Jonathan James Graham

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Aug. 14, 1873

8. AGE: Years Months Days If less than one day

74107hrs.min.

9. Birthplace

Iron Hill, Md.
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

12. Name

Augustus Howell

13. Birthplace

Delaware

14. Maiden name

Susan Reynolds

15. Birthplace

Delaware

16. Informant

Mrs. Rebecca E. Murphy

Address

Charlestown, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof

BurialJune 24/48
(month) (day) (year)

Cemetery or crematory

Charlestown

Location

Charlestown, Md.

18. Funeral director

H. P. Phipps

Address

Elkton, Md.

19. June 22, 1948 Sarah E. Pothner

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 22 June 1948, at 4 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 1946 1946, to 22 June 1948
and that I last saw her alive on 20 June 1948

Immediate cause of death

Coronary Occlusion

DURATION

3 days

Due to

Hypertensive Cardiovascular
Renal Disease15 years

Due to

Other conditions

Diabetes Mellitus20 years +

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Klaus H. Buelner M.D.

M. D. or other

Address

North East, Md.Date signed 22 June 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6107

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? just a few minutes
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Cecil
City or town Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. 1
(If rural, give LOCATION)
2. (a) If veteran, name war II

3. (a) FULL NAME

Walter L. Hamilton

3. (b) Social Security Number

236-36-8067

4. Sex M 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 9-9-1926 6. (c) If alive, give age 21 years

8. AGE: Years 21 Months 9 Days 9 If less than one day hrs. min.

9. Birthplace Esksdale W. Va.
(Town, county, and state)

10. Usual occupation Merchant Seaman

11. Industry or business

12. Name Rupert Hamilton

13. Birthplace Esksdale, W. Va.

14. Maiden name Sadie Surgeon

15. Birthplace Esksdale W. Va.

16. Informant Warner J. Hamilton

Address Elkton R.D. 1. Md.

17. Burial Date thereof July 3/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elkton

Location Elkton, Md.

18. Funeral director H.W. Lippin

Address Elkton, Md.

19. July 2 19 48 J.R. Frazee
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at 1:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on June 30 1948

Immediate cause of death

Compound fracture of skull

Due to fracture of skull

Due to hypertension and

at fibrous

myocardial

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/30-48

Where did injury occur? Elkton Cecil (City or town) (State)

Injured at home, farm, industry, public place, or elsewhere at Elkton

Means of injury freight train Injured at work? no

23. SIGNATURE R. L. Dockson Medical Examiner

Elkton, Md. M. D. or other Cecil County

Date signed 7-1-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County.....Cecil
City or town.....Perry Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs. 0 mos. 9 days
Hospital, institution, or street address where death occurred:
Veterans Administration Hospital
How long in hospital or institution? Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....Maryland County.....Baltimore
City or town.....Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1414 Presstman St.
(If rural, give LOCATION)
WW-I
2.(a) If veteran, name war.....☒

3. (a) FULL NAME

HICKS, Samuel A. Hicks

3. (b) Social Security Number

Unknown

4. Sex.....male 5. Color or race.....Negro 6.(a) Single, married, widowed, or divorced.....Married
6.(b) Name of husband or wife.....Bessie L. Hicks
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.).....Aug. 2, 1892
8. AGE: Years.....55 Months.....10 Days.....0 If less than one day..... hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 2, 1948, at 5:20 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23, 1946 to June 2, 1948 and that I last saw him alive on June 2, 1948

Immediate cause of death.....Cerebral hemorrhage DURATION.....6 hrs.

Due to.....Arteriosclerosis, cerebral Unknown

Other conditions.....1. Arteriosclerosis, generalized; 2. Coronary artery disease, moderate; 3. Hypertension, idiopathic
(Include pregnancy within 3 months of death)
Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....

23. SIGNATURE.....A.E. TROLLINGER, M.D. Chief, Professional Services
Address.....VAH, Perry Point, Maryland Date signed.....June 2, 1948

9. Birthplace.....Haywood, Virginia
(Town, county, and state)
10. Usual occupation.....Dining car waiter
11. Industry or business.....B&O Railroad
FATHER 12. Name.....Samuel Hicks - deceased
13. Birthplace.....Unknown
MOTHER 14. Maiden name.....Annie Jackson (Hicks) - deceased
15. Birthplace.....Unknown

16. Informant.....Hospital Records
Address.....VA Hospital, Perry Point, Md.
17. Removal.....June 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....Baltimore National Cemetery
Location.....Baltimore, Maryland
18. Funeral director.....Mrs. Geo. H. Holland
Address.....1631 Druid Hill Ave., Baltimore, Md.
19. June 2 1948 Irene E. Langford
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1948
BUREAU RECEIVED

JUN 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6109

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
City or town Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs. 4 mos. 15 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution? 3 yrs. 5 mos. 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State D.C. County _____
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 90 M. Street, N.W.
(If rural, give LOCATION)
2. (a) If veteran, name war WW-I ✓

3. (a) FULL NAME

JACKSON, Alexander

3. (b) Social Security Number

None

4. Sex male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Edna Tolson

7. Birth date of deceased (mo., day, yr.) December 29, 1886 6. (c) If alive, give age _____ years

8. AGE: Years 61 Months 5 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Bricklayer

11. Industry or business - - -

FATHER 12. Name Frank Jackson
13. Birthplace St. Mary's County, Maryland

MOTHER 14. Maiden name Mary Frances Washington
15. Birthplace St. Mary's County, Maryland

16. Informant Hospital Records
Address VA Hospital, Perry Point, Md.

17. Removal Date thereof June 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory _____
Location _____

18. Funeral director Pennington & Son
Address Havre De Grace, Md.

19. June 21, 48 James E. Hough
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1948 19 11:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 3, 1945 to June 18, 1948
and that I last saw him alive on June 18, 1948

Immediate cause of death Pneumonia, bronchial
due to general paralysis of
Due to the insane

Due to _____
Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results Same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE A. E. Trollinger
A. E. TROLLINGER, M.D., Chief, Professional
Services, VA Hospital
Address Perry Point, Md. Date signed 6-19-48

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6110

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 hours + 50 min.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 3 hours + 50 min.

3. (a) FULL NAME

Joseph Cifty Kephler

3. (b) Social Security Number

219-07-8546

4. Sex

M.

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

No Inf

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years

68

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Austria Hungary
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

George Roman

Elkton RD 5 Md.

Address

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 3/48
(month) (day) (year)

Cemetery or crematory Cherry Hill

Location Cherry Hill Md

18. Funeral director

J. W. Lippin

Address Elkton, Maryland

19. June 3, 1948 J. R. Frazee
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State Md. County Cecil

City or town Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948 at 1205 G

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

Presenting thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Presenting thrombosis

Date of op. 5/21/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. R. Frazee M. D. or other

Medical Examiner

Cecil County

Date signed 6-1-48

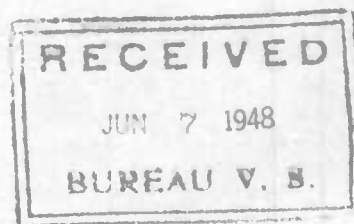
MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1878
89
1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 da
Hospital, institution, or street address where death occurred:
Unknown Hospital
How long in hospital or institution? 2 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Md. Cecil.
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Harry C. Kirk

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ida Kirk

7. Birth date of deceased (mo., day, yr.) Oct 18, 1890 8. (c) If alive, give age..... years

8. AGE: Years 57 Months Days It less than one day hrs. min.

9. Birthplace Chesapeake City, Md
(Town, county, and state)

10. Usual occupation Postmaster

11. Industry or business

12. Name James L. Kirk

13. Birthplace Chesapeake City, Md

14. Maiden name Margaret Cummings

15. Birthplace Chesapeake City, Md

16. Informant Mrs Ida Kirk

Address Chesapeake City, Md

17. Burial Date thereof June 16 / 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel

Location Near Chesapeake City, Md

18. Funeral director H. H. Lippin

Address Elkton, Md

19. June 16 19 48 20. Registrar J. H. Trauger

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 48, st. 7NP

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 19 48, to June 12 19 48, and that I last saw him alive on June 12 19 48.

Immediate cause of death

Cerebral Hemorrhage

Due to Hypertension Cordis -

Due to Hypertension Cordis -

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Chesapeake City, Md

Date signed 6/12/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton R.D. 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Elkton R.D. 2 Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil

City or town Rural near Elkton
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D. 2 Md
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Henry Alexander Lewis

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M. W. Married

6. (b) Name of husband or wife Florence Lewis

6. (c) If alive, give age 5 years

7. Birth date of deceased (mo., day, yr.) March 14, 1886

8. AGE: Years 62 Months 2 Days 29
It less than one day hrs. min.9. Birthplace Elkton Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Lewis

13. Birthplace Elkton Md

14. Maiden name Dorebell Walker

15. Birthplace Elkton R.D. 2 Md

16. Informant Mrs. Florence Lewis

Address Elkton R.D. 2 Md

17. Burial Date thereof June 15/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Elkton Cemetery

Location Elkton Md

18. Funeral director W. P. Pappin

Address Elkton Md

19. June 14, 1948 J. H. Fraser
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12:5 to June 12 1948

and that I last saw him alive on June 12 1948

Immediate cause of death Acute Cardiac Distention

Due to Pulmonary Edema

Due to Bronchial asthma

Other conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Herbert Bates M.D.

Address Elkton Md Date signed 6/13/48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

ES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6113

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Becil
City or town Perry Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #3
(If rural, give LOCATION)
2. (a) If veteran, name war WW II

3. (a) FULL NAME

LILLY, George M.

3. (b) Social Security Number

218-03-8506

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Mrs. Virginia Lilly
7. Birth date of deceased (mo., day, yr.) March 30, 1912 6. (c) If alive, give age 36 years
8. AGE: Years 36 Months 2 Days 28 If less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1948 at 2:28 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26, 1948, to June 28, 1948, and that I last saw him alive on June 28, 1948.

Immediate cause of death HODGKIN'S DISEASE

DURATION
6 to 9
months.

Due to ---
Due to ---
Other conditions ---
(Include pregnancy within 3 months of death)

Major findings of operations --- Date of op. ---
Autopsy results ---
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide --- Date of ---
Where did injury occur? --- (City or town) --- (County) --- (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- Injured at work? ---

9. Birthplace Delaware
(Town, county, and state)
10. Usual occupation Unknown
11. Industry or business ---
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Hospital Records
Address VA Hospital, Perry Point, Md.
17. Removal Date thereof June 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory ---
Location Elkton, Maryland
18. Funeral director H. W. Peppin
H. W. PEPPIN & SON
Address Elkton, Maryland

23. SIGNATURE L. ROSE, MD. M. D. or other ---
Address VA Hospital, Perry Point, Md. Date signed 6-28-48

19. June 28, 1948 Date rec'd by registrar Irma E. Douglas Registrar

is especially important. Physicians: please write the causes of death clearly and legibly in the space provided for information concerning the cause of death.

RECEIVED

JUL 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6114

Reg. Dist. No. 91

1. PLACE OF DEATH:

County... Cecil

City or town... Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 1/2 yrs

Hospital, institution, or street address where death occurred:

Chesapeake City,

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Cecil

City or town... Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Katy G. Loveless.

3. (b) Social Security Number

4. Sex M. 5. Color or race Wh 6. (a) Single, married, widowed, or divorced Single.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 9, 1894 8. (c) If alive, give age

8. AGE: Years 54 Months 3 Days 5 It less than one day

9. Birthplace... Chesapeake City, Md
(Town, county, and state)

10. Usual occupation... School teacher

11. Industry or business

12. Name... John R. Loveless

13. Birthplace... New Jersey

14. Maiden name... Ida Lovelace

15. Birthplace... Phila. Pa

16. Informant... Mrs John R. Fischer

Address... Chesapeake City, Md

17. Burial Date thereof June 17/48
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory... Bethel

Location... Near Chesapeake City, Md

18. Funeral director... H. H. H. H.

Address... Elkton, Md

19. June 16, 1948 Mrs. Ralph D. H. H.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1948, 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1947 to June 14, 1948

and that I last saw him alive on June 4, 1948

Immediate cause of death

acute Cardiac Failure

DURATION

1 hour

Due to Hypertensive Cardio-

Vascular disease

2 yrs +

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... One Ford H. Spreecher, M.D.

Elkton, Md M. D. or other

Address... Date signed June 14, 1948

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6115

1222

92

1. PLACE OF DEATH:

County Cecil

City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Union Hosp. Elkton Ind.

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

F.

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

James Manning

7. Birth date of

deceased (mo., day, yr.)

July 6, 1859

8. AGE:

Years 88

Months 11

Days 4

If less than one day

hrs. min.

9. Birthplace Millington Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Dixon

13. Birthplace Millington Ind.

14. Maiden name Susie Dixon

15. Birthplace Millington, Md.

16. Informant

Address

Burial

Date thereof June 14, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Bethel

Location Chesapeake City, Md. R.D.

H. W. Peppin

18. Funeral director

Address

Elkton Ind.

19. June 11, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Elkton Heights
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1948, 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Cardiac Failure

Intestinal obstruction

Due to intern pneumonia.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

Medical Examiner

23. SIGNATURE

Address

Elkton Ind.

Date signed

6-10-48

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Peery Point
 City or town Peery Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Harford.
 City or town Harford
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 420 Freedom St.
 (If rural, give LOCATION) ✓

2. (a) If veteran, name war

3. (a) FULL NAME

Dora Miller

3. (b) Social Security Number

216-07-55214. Sex F 5. Color or race CW 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

1881

6. (c) If alive, give age..... years

8. AGE:

67

Months

Days

If less than one day

..... hrs. min.

9. Birthplace

Conowingo, Md.
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

6/19/48
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. June 19, 1948

(Date rec'd by registrar)

19. 48

Dora E. Douglas
Registrar

MEDICAL CERTIFICATION

30

20. DATE OF DEATH

June 16, 1948 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

13. SIGNATURE

Address

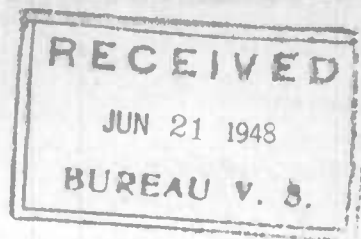
Medical Examiner

for Cecil County

M. D. or other

Date signed 6-16-48

1881
67
1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

96

1. PLACE OF DEATH:

County Cecil
City or town Port Deposit
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
City or town Port Deposit
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Charles Casper Mohrlein

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Isabella Mohrlein
5. (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1866

8. AGE: Years 81 Months 7 Days 10 If less than one day
..... hrs. min.

9. Birthplace Port Deposit, Cecil Co., Md.
(Town, county, and state)

10. Usual occupation Light Water Supply

11. Industry or business Rail Repairing

12. Name Casper Mohrlein

13. Birthplace Germany

14. Maiden name Sophia Sitzler

15. Birthplace Germany

16. Informant Isabella Mohrlein

Address Port Deposit, Md.

17. Burial Date thereof June 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West Nottingham

Location Colona, Md. Rural

18. Funeral director Lee A. Patterson & Son

Address Perryville, Md.

19. June 25, 1948 Irma E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1948 at 11:10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20, 1947 to June 22, 1948
and that I last saw him alive on June 22, 1948.

Immediate cause of death Cerebral Hemorrhage DURATION 2 hours

Due to Cerebral Arteriosclerosis 4 yrs.

Due to

Other conditions Arterio Sclerosis 6 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

SIGNATURE B. J. Johnson, M.D. M. D. or other

Address Port Deposit, Md. Date signed 6/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 28 1948

BUREAU V. S.

AGE: New cer. filmed

MARYLAND STATE DEPARTMENT OF HEALTH

G116 4-25-48 LL (FILED with letter in 111 N. Charles St., Baltimore
corres. under NEAL)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Cecil
City or town Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months, 17 days
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County
City or town Baltimore,
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1251 James Street
(If rural, give LOCATION)
2.(a) If veteran, name war Spanish American ✓

3. (a) FULL NAME

Neal, Nicholson R.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Minnie F. Neal
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 28, 1875
8. AGE: Years 72 Months 8 Days 17 If less than one day 26 hrs. min.9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Not known
11. Industry or business Not known
12. Name Wm. H. Neal
13. Birthplace Baltimore
14. Maiden name Neal
15. Birthplace Baltimore16. Informant Harry R. Neal
Address Baltimore
17. Burial Date thereof 6/29/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory National Cemetery, Baltimore, Md.
Location William Cook Inc.
18. Funeral director William Cook Inc.
Address Baltimore, Md.19. June 25 1948 C. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 48, at M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19..... to 19.....
and that I last saw him alive on June 24 19 48Immediate cause of death Embolus, Right femoral Artery- DURATION 24 hrs.Due to Secondary to Coronary OcclusionDue to Arteriosclerosis, cerebral and generalOther conditions unknown

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hedrick M. D. or otherAddress Perry Point, Md. Date signed 6/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

this is it; corres NEAL 6-25-48 L

* auth. not necessary but used anyway. L

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

6119

1. PLACE OF DEATH:

County Cecil
 City or town North East
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death Customer in store
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil
 City or town North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Domenico Parcaro

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug 17 1896

8. AGE: Years 51 Months 52 Days 10 It less than one day 9 hrs. _____ min.

9. Birthplace F. wci Italy
(Town, county, and state)10. Usual occupation P. lasterer

11. Industry or business _____

12. Name Nicholas Porcaro13. Birthplace Italy14. Maiden name Teresa Di Bersarchico15. Birthplace Italy16. Informant Mrs Luba W PorcaroAddress North East, Md17. Burial Date thereof 6-30-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory MethodistLocation North East Maryland18. Funeral director Joseph A. HuntAddress North East Md19. July 6 1948 Sarah E. Kether
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948 at 8:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Acute coronary disease

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. E. Dodson Medical ExaminerAddress Rising Sun Md for Cecil County.Date signed 6/26-48

RECEIVED

JUL 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County..... Cecil
 City or town..... North East Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?..... —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Cecil
 City or town..... North East Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... —
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... —

3. (a) FULL NAME

William E. Roney

3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Male White Married

6.(b) Name of husband or wife..... Mary O Roney
 (c) If alive, give age..... 72 years

7. Birth date of deceased (mo., day, yr.)..... Dec 31 1876

8. AGE: Years..... Months..... Days..... If less than one day.....
71 5 25 hrs. min.

9. Birthplace..... North East Cecil Md
 (Town, county, and state)

10. Usual occupation..... Storekeeper

11. Industry or business.....

12. Name..... James A Roney

13. Birthplace..... Penn

14. Maiden name..... Lucy Lowe

15. Birthplace..... North East Md

16. Informant..... Mrs Ira Wells

Address..... North East Md

17. Burial Date thereof..... June 29 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Methadist

Location..... North East Md

18. Funeral director..... Joseph R. Grant

Address..... North East Md

19. June 28 1948 Sarah E. Rothman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 25 1948 at 11:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 25 1948 to June 25 1948
 and that I last saw him alive on June 25 1948

Immediate cause of death..... myocarditis DURATION.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... C. B. Collins M. D. or other

Address..... North East Md Date signed..... 6-28-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County... Cecil
 City or town... Elkton R 19 4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Cecil
 City or town... Rural -
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Elkton R.D. #4.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Sarah J. Rowles.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife James Selby Rowles

7. Birth date of deceased (mo., day, yr.) November 29 1865
 6. (c) If alive, give age years

8. AGE: Years 82 Months 6 Days 14 hrs. min.

9. Birthplace Norwood Delaware Co Pa.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George D. Gessner
 13. Birthplace Penna

MOTHER 14. Maiden name Phebe Holland
 15. Birthplace Penna

16. Informant Miss Sarah J. Rowles
 Address 171 Wellington Rd. Upper Darby Pa

17. Burial Date thereof 6-16-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St James Kingsessing
 Location 6844 Woodland Ave Phila Pa

18. Funeral director Joseph R. Liour
 Address North East Md

19. June 15 1948
 (Date rec'd by registrar) FR Frager Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948 at 1:45 P.M.

21. I CERTIFY that death occurred on the date stated: that I attended deceased from June 7 1948 to June 13 1948
 and that I last saw her alive on June 12 1948

Immediate cause of death

Cerebral Accident
 Due to Probable embolism June 7-

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE One Lord H. Speaker, MD
 Elkton Md M. D. or other

Address Date signed June 15

RECEIVED BY THE BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED BY THE BUREAU OF INVESTIGATION

RECEIVED BY THE BUREAU OF INVESTIGATION

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil
 City or town Cecilton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Cecil
 City or town Cecilton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Idea May Ruby
 4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Linsey Ruby
 7. Birth date of deceased (mo., day, yr.) May 31 1895
 8. AGE: Years 53 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Cecilton, Cecil, Md
 (Town, county, and state)
 10. Usual occupation Housewife

11. Industry or business

12. Name Grace Ruby
 13. Birthplace Md
 14. Maiden name Hannie Finch
 15. Birthplace Md

16. Informant Linsey Ruby
 Address Cecilton, Md

17. Burial Date thereof June 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cecilton Colored
 Location Cecilton, Md

18. Funeral director Edmund Bellows
 Address Millington, Md

19. June 9-48 19 Mr. Howard Cheyney
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

221-14-3912

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 19 48 at 1245 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10 19 47, to June 5 19 48
 and that I last saw him alive on June 4 19 48

Immediate cause of death miliary tuberculosis DURATION 6 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thudore + Papouch, M.D. M. D. or otherAddress Galma, Md Date signed 6-9-48

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CecilCity or town Liberty Grove
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town Liberty Grove
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

CECIL SMELTZER

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Lucy E. Smeltzer

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 14, 1865

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>6</u>	_____ hrs. _____ min.

9. Birthplace Perryville, Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jacob Smeltzer13. Birthplace PennsylvaniaMOTHER 14. Maiden name Henrietta Gorrell15. Birthplace Cecil Co., Maryland16. Informant Mrs. Norwood WilliamsAddress Liberty Grove, Md.17. Burial Date thereof June 23, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory West Nottingham CemeteryLocation Colova, Maryland18. Funeral director W. A. Patterson & SonAddress Perryville, Md.19. June 23, 1948 June E. Daugherty

(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948 at 10:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1947 to June 19 1948and that I last saw him alive on June 18 1948Immediate cause of death Pulmonary EmbolusDue to Myocarditis Chronic DURATION 5 yrsDue to Sensitivity

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE W. A. Patterson & Son M. D. or otherAddress Perryville, Md. Date signed 6-22-48

RECEIVED

JUN 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

6124

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife.....

Margaret Webber

7. Birth date of deceased (mo., day, yr.)

Mch 14 1916

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

32

3

5-

hrs.

min.

9. Birthplace.....

Bridgeville Delaware

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business.....

Penn RR Co

MOTHER FATHER

12. Name.....

Benjamin F Webber

13. Birthplace.....

Denton Md

14. Maiden name.....

Tula Dill

15. Birthplace.....

Greensborough Md

16. Informant.....

Benjamin F Webber

Address.....

417 E 4th St Wilmington Del

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

June 21, 1948

(month) (day) (year)

Cemetery or crematory.....

Silverbrook Cemetery

Location.....

Wilmington Del

18. Funeral director.....

H. W. Phipps

Address.....

Elkton Md

19. June 20, 1948

(Date rec'd by registrar)

J. R. Frazer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 19 1948 at 1:10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

Mutilate body

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of..... 6-19-48

Where did injury occur.....

Elkton RD Cecil Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place, where?.....

Stopped in front of train

23. SIGNATURE.....

J. R. Frazer

Medical Examiner for Cecil County

M. D. or other

Address.....

Wilmington Md

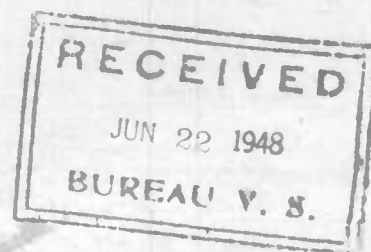
Date signed 6-19-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

6125

1. PLACE OF DEATH:

County CecilCity or town Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 mo. 23 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.How long in hospital or institution? Same

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 2406 Roslyn Ave., Baltimore 16, Md.
(If rural, give LOCATION)2. (a) If veteran, name war WW-I

3. (a) FULL NAME

WEITSMAN, Albert L.

3. (b) Social Security Number

086-01-0621

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>male</u>	<u>white</u>	<u>Married</u>

6. (b) Name of husband or wife Mrs. Lena Weitsman6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) July 3, 1887

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>11</u>	<u>6</u>	<u> </u> hrs. <u> </u> min.

9. Birthplace Pennsylvania
(Town, county, and state)10. Usual occupation Unknown

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Hospital RecordsAddress VA Hospital, Perry Point, Md.17. Removal Date thereof June 10, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory UnknownLocation Baltimore, Maryland18. Funeral director PENNINGTON & SONAddress Harre de Grace, Md.19. June 10, 48 June 10, 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948 at 6:40 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16, 1948 to June 9, 1948and that I last saw him alive on June 9, 1948Immediate cause of death Uremia, uremic poisoning DURATION 1 monthDue to Hypertensive cardiovascular disease UnknownDue to Diabetes mellitus Unknown

(Include pregnancy within 3 months of death)

Major findings of operations ---Date of op. ---Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---Where did injury occur? --- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ---Means of injury --- Injured at work? ---23. SIGNATURE A. E. TROLLINGER

A. E. TROLLINGER, M.D., Chief Professional

Address VAH, Perry Point, Md. Date signed 6-10-48

